## FORM D





DATE RECEIVED

TICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION

Com one i	MINITED OF FEIGURE EXEMI	
Name of Offering ( check if this is an amendment and Hedgecap Partners, L.P.	name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	☐ Rule 505 🙀 Rule 506 ☐ Section 4(6)	ULOE 87457)
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and na	ime has changed, and indicate change.)	
Hedgecap Partners, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
303 N. Glenoaks Blvd.#905,	Burbank, CA 91502	(818) 563-5170
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		:
Investment Partnershi	p	·
Type of Business Organization		lease specify): PROCESSED
٠ - ا		lease specify):
business trust limited partn	ership, to be formed	4 88 9 6 900E
	Month Year	APR 2 6; 2005
Actual or Estimated Date of Incorporation or Organization:	ب بسکا بھی	
Jurisdiction of Incorporation or Organization: (Enter two-	letter U.S. Postal Service aboreviation for State anada; FN for other foreign jurisdiction)	FINANCIAL
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## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

· ATTENTION ·

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

required to respond unless the form displays a currently valid OMB control number.

1 of 9

		THE MENT HERE. THE WAR EXPENSES FOR	ENTIFICATION DATA		
2. Enter the information req		•			
		uer has been organized w	•		
	- · ·	•	•		f a class of equity securities of the issu
	. •	·	corporate general and man	aging partners of	partnership issuers; and
Each general and m	anaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	M Director	General and/or Managing Partner
full Name (Last name first, if	individual)				
	Edstrom	. Joel S.			
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
303 N. Gleno	aks Blvd	., Suite 905	, Burbank, C	A 91502	
Check Box(es) that Apply:	***		Executive Officer		☑ General and/or Managing Partner
Full Name (Last name first, if	individual)				
	Weinlei	n. Eric A.			
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
303 N. Glenc	aks Blvd	., Suite 905	, Burbank, C	A 91502	
Check Box(es) that Apply:	Promoter	<del></del>	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
	WESCAP	Management (	Group, Inc.		•
Business or Residence Addres					
303 N. Glend	aks Blvd	., Suite 905	5, Burbank, C	A 91502	
Check Box(es) that Apply:	Promoter		Executive Officer		General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				· ·
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Address	ss (Number and	Street, City, State, Zip C	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary	у)

					' <b>B</b> .' I	FORMATI	ON ABOU	T OFFERI	VG		4.4-12-1		
1.	Has the	issuer sold	or does th	e issuer in	itend to se	l, to non-ac	credited in	nvestors in	this offeri	no?		Yes □	No
						Appendix,				-		ш	⊠ *
2.	What is	the minim	um investm			pted from a						\$ 30	0,000
2	D 41.	*Sub	ject t	o Dis	cretio	n to	accept	less	er inv	estme/	nts	Yes	No
3. 4.						le unit? ho has bee						凶	
Τ.	commis If a pers or states	sion or simi on to be list s, list the na	lar remune ted is an ass me of the b	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or deale: (5) person	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in th EC and/or	ne offering. with a state		
Ful		Last name			miormati	on for that	broker or c	leater only					
									•				
Bus	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Nar	ne of As	sociated Br	oker or Dea	aler	·				<del></del>				
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" of check	individual	States)	•••••							States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH) [TN]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			[55]					VA.	WA		<u> </u>		
Ful	l Name (	Last name	first. if indi	(vidual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)		<u>``</u>				
Nai	me of As	sociated Br	oker or De	aler								<del></del>	
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		***************************************		•••••			☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT RI	NE (SC)	NV [SD]	NH	NJ	NM)	NY	NC)	ND	OH	OK)	OR	PA
_		SC)	SD	TN	[TX]	UT	VT	VA	WA	WV	WI	[WY]	PR
Ful	l Name (	Last name	first, if ind	ividual)			•				,		fi i
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)				:	<u>:</u>	
													· · · · · · · · · · · · · · · · · · ·
Na	me of As	sociated Br	oker or De	aler									
Sta	tes in W	hich Person	Listed Ha	s Solicited	or Intende	to Solicit	Purchasers						
	(Check	"All States	s" or check	individua	l States)		••••••	•••••	•••••	••••••		☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	ĞA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# GOFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already	•		
	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.			
	The of December	Aggregate	1	Amount Already Sold
	Type of Security	Offering Price		Sold
	Debt		_ \$	
	Equity	í <u> </u>	_ \$_	
	Common Preferred			
	Convertible Securities (including warrants)	S	_ \$	
	Partnership Interests	27,356,	237	27,356,23
	Other (Specify)	S	_ \$	
	Total	27,356,	239	27,356,23
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.				. 3
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate			-
	the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	parentases on the total fines. Enter of it aliance is note of Zero.			Aggregate
		Number Investors		Dollar Amount of Purchases
	A namedited Tourses			\$ 27,356,237
	Accredited Investors		-	<u></u>
	Non-accredited Investors		_	s
	Total (for filings under Rule 504 only)		<del>-</del>	<b>a</b>
	Answer also in Appendix, Column 4, if filing under ULOE.			
.3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	. :	٠	
	Transfer Agent's Fees		П	<b>s</b> 0
	Printing and Engraving Costs		III III	\$ 2,000
	Legal Fees		لتستا	\$ 21,000
	Accounting Fees		ت	s 1,000
	Engineering Fees			ş 0
				· 0
	Sales Commissions (specify finders' fees separately)			1,000
	and Miscellaneous expenses			s 25,000
	Total	••••••	図	<u> </u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	S		<u>\$ 27,331,2</u> 37
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	i		
	Payment Office Director Affiliat	ers, es, &	Payments to Others
Salaries and fees	.⊠\$ <u>60</u> ,	714	so
Purchase of real estate			<u>s</u> 0
Purchase, rental or leasing and installation of machinery and equipment	\$0		s
Construction or leasing of plant buildings and facilities	· 🗆 \$0		□ s <u> </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	. 🗆 \$0	)	s
Repayment of indebtedness	. 🔲 \$0	)	<u> </u>
Working capital			<u> </u>
Other (specify):	. 🗆 \$		<u></u> \$0
nvestment in Portfolio Entities & other securities  Column Totals	. 🗆 \$	)	<u>\$27,270,523</u>
Column Totals	.⊠\$ <u>60,</u>	714	$\square$ \$27,270,523
Total Payments Listed (column totals added)	. [	]\$ <u>_2</u>	7,331,237

5.

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date
Hedgecap Partners, L.P.	1/2/ 1/20 4-11-05
Name of Signer (Print or Type)	Title of Signer (Print or Type)
WESCAP Management Group,	Inc. Managing Director, CFO

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
1.	process of the state of the sta	ently subject to any of the disqualification	Yes	No ⊠
	See Ap	opendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furn D (17 CFR 239.500) at such times as required by	nish to any state administrator of any state in which this notice i by state law.	s filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to fu issuer to offerees.	rnish to the state administrators, upon written request, inform	nation furn	ished by the
4.		er is familiar with the conditions that must be satisfied to be in which this notice is filed and understands that the issuer c g that these conditions have been satisfied.		
	suer has read this notification and knows the content uthorized person.	s to be true and has duly caused this notice to be signed on its be	half by the	undersigned
-	(Print or Type) gecap Partners, L.P.	Signature Date 4	505	
		Title (Print or Type)		-
WESC	CAP Management Group, Inc.	Managing Director, CFO		

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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1	Intend to non-ac investors (Part B-	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	L.P. Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ					·				
AR									,
CA		Х	20,451,237	82	20,451,	237 0	0		X
CO		X	800,000	2	800,000	0	0		X
СТ									
DE				<u> </u>					
DC									ļ
FL	<u> </u>	<u> </u>							
GA		Х	175,000	1	175,000	0	0		X
HI									
ID									
IL		X	1,500,000	1_1_	1,500;	000 0	0		X
IN							<u> </u>		
IA									
KS					<u> </u>				
KY			<del></del>						_
LA						<u> </u>			_
MI	<del>- </del>								
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M		X	385,000	1	385,00	0	0		X
М	S								

1			3		NDIX :	4		5	
·	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	State Yes No		L.P. Interests	Number of Accredited Investors Amount Number of Non-Accredited Investors			Amount	Yes	No
МО							,		
MT									
NE									
NV		X	1,080,000	. 4	1,080,	000 <b>o</b>	0		Х
NH					·				
ŊJ		χ_	150,000	1	150,000	0	0		Х
NM		Χ	165,000	1	165,000		0		X
NY									
NC	ļ								
ND	ļ	<u> </u>		<u> </u>					
ОН					·				
ок									
OR						·			
PA	<u> </u>	X	2,010,000	. 4	2,010,	000 <b>o</b>	·O		x
RI						·			
SC	<del> </del>								
SD							ļ		1
TN	<del></del>		<u> </u>					' .	ļ
TX	<del></del>	X	400.000	11	400,00	0	0		X
UT	<del></del>	X	190,000	1	190,00	0	0		X
VT									
VA	<del></del>								
WA	<del>- </del>	X	50,000	1	50,000	0	0		X
W									
WI				`				1	

1	Intend	Type of security and aggregate u						5 Disqualification under State ULOF (if yes, attach		
	investor	ccredited s in State -Item 1)	offering price offered in state (Part C-Item 1)		Type of amount pu (Part	explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										